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Aerospace Medicine

TUBERCULOSIS DETECTION AND CONTROL

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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OPR: 926 MDS/SGPB (Maj David L. Wallace)

Certified by: 926 MDS/SG
(Lt Col Gary R. Newsom)

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This instruction implements AFRPD 48-1, *Aerospace Medicine*, and AFI 48-115, *The Tuberculosis Detection and Control Program*. Use of these references and HQ AFRES/SG Memorandum dated 7 April 1995, Post-Deployment Medical Evaluation and TB Skin Test of Reserve Military Personnel, 10 October 1995, HQ AFRES/SG Medical Evaluation Procedures For IPPD Skin Test For Reserve Personnel, and 22 April 1996, HQ AFRES/SG Changes in Reading the IPPD Skin Test for Reserve Personnel for information and procedures for detecting and preventing tuberculosis.

1. Responsibilities:

1.1. 926th Unit Commanders. Ensure that personnel receive appropriate testing, follow-up and treatment as these instructions require. If a unit does not have a Health Monitor, then someone should be assigned this additional duty to assist the 926 Medical Squadron.

1.2. 926th FW personnel must comply with this annual requirement as well as any required follow-up and treatment.

1.3. The 926th Medical Squadron (MDS) Commander. Ensure that all medical personnel having responsibilities in managing this program will conduct them IAW this instruction.

1.3.1. Public Health (PH) will be the primary office of responsibility. PH will maintain contact with each unit health monitor for scheduling, tracking unit compliance rates and follow-up of positive reactors. This duty will be performed by PH reservists during the UTA weekend and by the Full-time BEE/PH technician during the week when necessary.

1.3.2. Immunization Clinic will maintain the supplies necessary to test 926 FW personnel as well as administer and interpret TB Skin Tests as needed.

1.3.3. Other Medically Qualified Personnel in the 926 MDS will administer and interpret TB Skin Tests as needed.

2. Terms Explained:

- 2.1. TB. Tuberculosis is a disease primarily of the lungs caused by an air-borne bacterium.
- 2.2. PPD Skin Test. This test determines if a person has been exposed to TB. Once the test is administered it must be read by qualified medical personnel 48 and 72 hours after administration.
- 2.3. Positive Reactor. A person is identified as a positive reactor if the induration at the site of the test measures 10 mm or greater. Self-interpretation of results is not allowed.
- 2.4. INH. Isoniazid (INH) is the drug of choice to treat a positive reactor for TB. Treatment is usually for 6 months.

3. Program Procedures:

- 3.1. All Air Force Reserve personnel will be tested annually for TB.
- 3.2. Testing may be administered and read during annual tour or any other period in which personnel are available for at least 48 hours after the test is administered.
- 3.3. Unit Health Monitors should coordinate an annual testing schedule with PH. There are several options to consider when a schedule is established.
 - 3.3.1. If a unit performs annual tour locally, the 926 MDS can administer and interpret the results of the tests.
 - 3.3.2. If a unit is administered the tests during a UTA by the 926 MDS, results can be interpreted by any qualified medical person at a private or public health facility of their choice during the following week. A form letter for documentation of results will be given out at the time of the test and must be returned by the next UTA.
 - 3.3.3. If a unit performs annual tour away from NAS, JRB New Orleans, LA the unit can coordinate with the host medical facility (specifically PH and the Immunization Clinic) to administer and interpret the tests.
 - 3.3.4. If a unit performs an annual tour away from NAS, JRB New Orleans, LA and medical personnel accompany the deployment, the unit can have the deployed medical personnel administer and interpret the tests.
 - 3.3.5. If none of the first three options apply, 926 FW personnel can have the test performed at a private or public health facility of their choice, but at their own expense. It may be wise to see if your local public health department provides this service free of charge.
- 3.4. Written documentation must be returned to the unit health monitor for compliance tracking purposes, then forwarded to PH. A TB Skin Test Results Form Letter will be issued to unit members. This letter should be completed by the medical provider performing and/or interpreting the test. An example of the letter is found in Attachment 1.
- 3.5. A TB Skin Test Information sheet will be given out at the time of the test. It has information on how to have the test read results, follow-up and who to contact in the Clinic. An example is found in Attachment 2.

4. Recording of Results:

- 4.1. The recording of results will be conducted IAW AFI 48-115, paragraph 3.2., page 2.

4.2. Compliance information should be tracked by Unit Health Monitors and periodic updates provided to PH.

5. Management of Positive Reactors:

5.1. When a 926 FW member is identified as a positive reactor, they will be notified by PH to come to the PH office for an interview.

5.2. PH personnel will determine if the member should be retested to validate a questionable result. If retesting is not necessary, appropriate follow-up and treatment will be recommended.

5.3. PH will determine by the interview if the member has been deployed to a high-risk area anytime since December 1992 and had or had not received BCG vaccine.

5.4. If it is determined that the member has been deployed to a high risk area since December 1992, then he/she will be sent to an active duty treatment facility for treatment and follow-up at military expense.

5.5. If the member has not been deployed to a high risk area and/or had received BCG vaccine, then he/she will be sent to a private or public health facility of their choice at their own expense.

5.6. If a 926 FW member tests positive while on annual tour away from NAS, JRB New Orleans, LA he/she should go to the local PH office and have an initial interview performed.

5.7. Personnel on flying status will be grounded for the first 7 days on INH in order to rule out any hypersensitivity to the medication.

5.8. Personnel testing positive will be placed in the following medical profiles:

5.8.1. TB is Active - Not Worldwide Qualified Profile 4.

5.8.2. Positive Skin Test prior to interview by PH, prior to starting Treatment - Not Worldwide Qualified - Profile 3.

5.8.3. TB is Inactive and member under treatment - Worldwide Qualified - Profile 3.

5.8.4. TB is Inactive and member has completed treatment - Worldwide Qualified - Profile 2.

5.8.5. TB is Inactive, no treatment was needed - Worldwide Qualified - Profile 2.

5.9. Every 926 FW member undergoing treatment must notify PH each UTA of his/her status for epidemiological purposes.

ROBERT E. LYTLE, Colonel, USAFR
Commander

Attachment 1

TB SKIN TEST RESULTS

TB SKIN TEST RESULTS

Name _____ Rank _____

SSAN _____ - _____ - _____ Unit _____

Date and Time Test Administered _____

Skin Test Must Be Read Between _____ and _____
(48 to 72 hours after administration)

Date and Time Test Read _____

Results _____ X _____ mm Positive _____ Negative _____

Name and Address of Medical Facility _____

Name of Person Reading the Test _____

Telephone Number _____

Signature _____

IT IS YOUR RESPONSIBILITY TO HAVE THIS TEST READ. FAILURE TO DO SO WILL
RESULT IN IT BEING ADMINISTERED AGAIN.

Return to: Public Health, 926 Medical Squadron

Attachment 1

Attachment 2

TB SKIN TEST INFORMATION

TB SKIN TEST INFORMATION

You have been given the Mantoux tuberculosis skin test, otherwise known as an IPPD. This test is to be read by qualified medical personnel NO EARLIER THAN 48 HOURS and NO LATER THAN 72 HOURS after is administered.

The size of your induration (this is the raised area on your skin, not the red area) determines a negative or positive reaction. For individuals who are first time reactors, their induration may not peak until about 72 hours after the test was administered.

If you have your test read earlier than 72 hours, you must keep checking your injection site for any increase in size of induration. If the induration shows an increase in size, you must have your test re-read and recorded again.

If you have any questions, you may call the clinic at 3680 or Public Health at 3288.
